(1) PLACE OF BIRTH

County of Horry

Township of Lucaster

or

Inc. Town of ..... Registration District No. 2510 Registered No. 35 (For use of Local Reistrar)

or

City of ..... (No. ..... St.; ..... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
38909

(2) Full Name of Child. Elmetha Windley { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl | (4) Twin or triplet? No | (5) Number in order of birth 5 | (6) Are Parents Married? Yes | (7) DATE OF BIRTH Sept 23 1922 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME Messes Windley	(14) NAME BEFORE MARRIAGE Rebeck Small
(9) PRESENT POSTOFFICE OF FATHER Burgess S.C.	(15) PRESENT POSTOFFICE OF MOTHER Burgess S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 33 (Years)	(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE Horry	(18) BIRTHPLACE Horry
(13) OCCUPATION Farm at home	(19) OCCUPATION Domestic house wife
(20) Number of children born to mother, including present birth 5	(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 6-30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Florence Willis

(24) State whether Physician or Midwife: Midwife | (25) Address of Physician or Midwife: Burgess S.C.

Given name added from a supplemental report

..... 191....

..... Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct 28 1922 (28) B. F. Watts Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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